

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube					General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
					<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					

Work Order ID 102118

May-27-13 12:39:25 PM

102118

Page 2

Item ID: D3499-2

Revision ID:

Item Name: Mounting Plate

Start Date: 6/14/13 Start Qty: 4.00

Accept

N900040100

Setup

Start

NS1

Required Date: 6/14/13 Req'd Qty: 4.00

4

Cust Item ID:

Stop

NS2

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* Small Fab	Small Fab	0.00		DAS 30 9-89					14/03/05
	Memo	0.00							
	Deburr if necessary.								
140 *140* Brake NC	NC BRAKE	0.00		DAS 30 9-89					14/03/05
Brake NC	Memo	0.00							
	Bend as per Dwg D3499								
150 *150* QC	QC5- Inspect part completeness to step on W/O	0.00	DAS 27 9-89						14/03/05
Quality Control	Memo	0.00							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQAS: *h/w* Date: *11/8/10*QA Closed: *OK* Date: *11/5/10*

Work Order: <u>102118</u>	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. <u>D3499-</u>	Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input checked="" type="checkbox"/>	Water Jet <input checked="" type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>		
NCR No. <u>14-3831</u>	Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/> Composite <input type="checkbox"/>					

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data					DAS 16 9-89	Scrap & destroy re cut n <u>127454</u>	<i>de</i> 14.02.10	<i>DAS</i> 27 9-69	<i>DAS</i> 27 9-69
Equip/Tooling					Q2042				
Operator <i>X</i>					14/05/05				
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced	
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure	
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld	
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled	
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Part Moved		
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Positioned Wrong		
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other	
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes			
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing			
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish			
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio			

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>							
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>							
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>							
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector					
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube					General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
					<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					

Picklist Print

May-27-13 12:39:24 PM

Page 1

Work Order ID: 102118

Parent Item: D3499-2

Parent Item Name: Mounting Plate

Start Date: 6/14/13

Required Date: 6/14/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev: A New Issue 06-05-05 JLM
IPP Rev:B As per Rev B 06-08-31 JLM
by:EC

IPP Rev:C as per dwg revC DD 10.02.23 verified

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.125 6061-T6 .125 Sheet		Purchased	No			100	sf	130.8094	1.068	4.496842			Ac 14.01.02

Location	Loc Qty	Loc Code
MAT021	130.8093578	
121473	0.9161578	
123279	72.89	
125257	57.0032	

~~125257~~ → 5.5
127454 5.5

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS															
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector							
Doc/Data																					
Equip/Tooling																					
Operator																					
Material																					
Setup																					
Other																					
Process																					
Supplier																					
Training																					
Unapproved																					
FAULT CATEGORY																					
Landing Gear					General																
					Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>												
					Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>												
					Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>												
					Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>												
					Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>													
					Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>													
					Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>												
					Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>														
					Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>														
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>																			
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>																			

DART AEROSPACE LTD	Work Order: B102118
Description: Mounting Plate	Part Number: D3499-2
Inspection Dwg: 3499 Rev: C	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

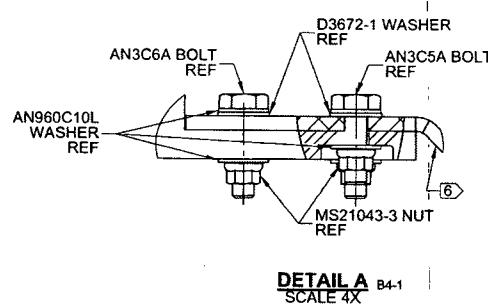
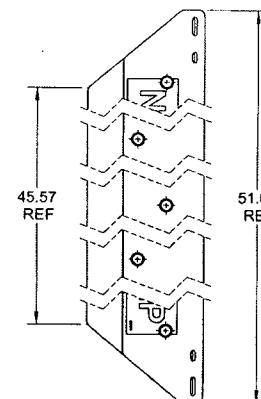
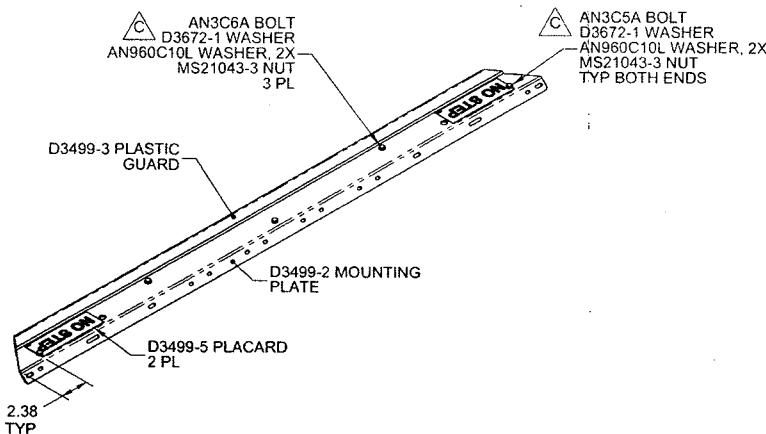
Measured by: <u>AE</u>	Audited by: _____	Preliminary Approval: _____
Date: <u>14.02.10</u>	Date: _____	Date: _____

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

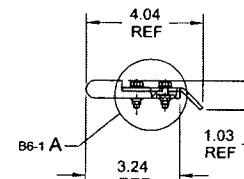
DOUBLZ
CHECK PLEASE
MIG-2

10.04.15

ITEM	QTY	P/N	DESCRIPTION
1	X	D3499-042	CABLE GUARD ASSEMBLY
2	1	D3499-2	MOUNTING PLATE
3	1	D3499-3	PLASTIC GUARD
4	2	D3499-5	PLACARD
5	2	AN3C5A	BOLT
6	3	AN3C6A	BOLT
7	10	AN960C10L	WASHER
8	5	MS21043-3	NUT
9	5	D3672-1	WASHER



DETAIL A B4-1
SCALE 4X



D3499-042 CABLE GUARD ASSEMBLY

NOTES:

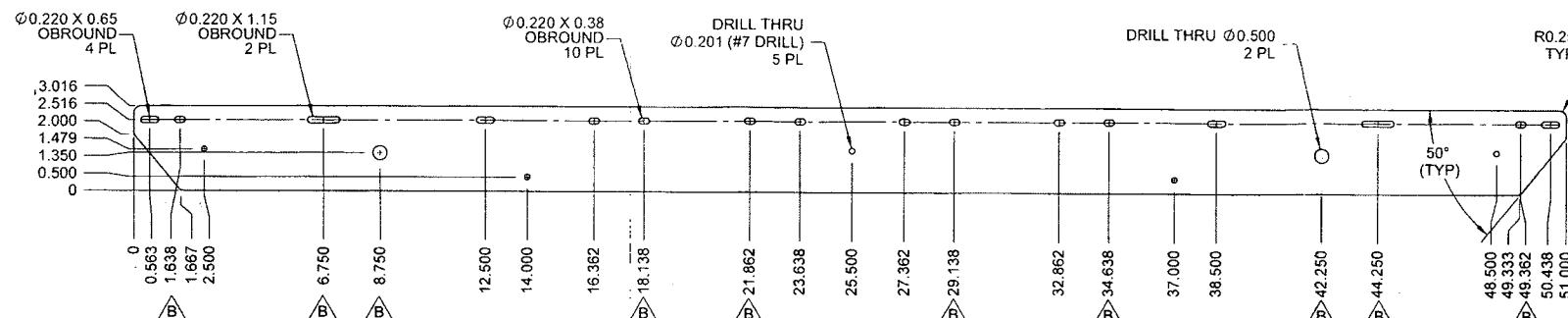
- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3499-041/042" USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 3.90 lbs

102118 MLCJ
13-05-27

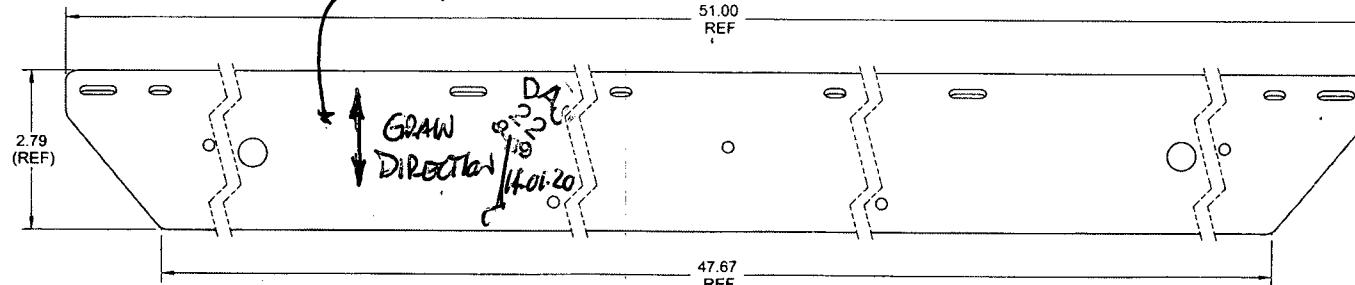
RELEASED
2010-02-02
MD

C	DRAWING UPDATED TO CURRENT STANDARDS. 245.00A (2.25) (ZN B6-3), 3.24 WAS 3.25 (ZN D3-3); REISSUE FOR D3499-2F-3, D3499-3, D3499-5 WAS 1515H3L (ZN D3-1, D5-1, D7-1); ADD IDENTIFY NOTE (ZN A8-1). REF NCR-08-045	RF	09.06.19
B	RE-DESIGN D3499-2F-3	MB	06.08.15
A	NEW ISSUE	MB	06.04.11
REV.	BY	DATE	
DESIGN	R	DART AEROSPACE USA, INC. PORT HADLOCK, WA	
DRAWN	R	DRAWING NO.	REV. C
CHECKED	R	D3499	SHEET 1 OF 4
MFG. APPR.	R	TITLE	SCALE
APPROVED	R	CABLE GUARD	NTS
DE APPR.	R	DATE	09.06.19

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D3499-2F MOUNTING PLATE FLAT PATTERN
SCALE 0.5X



D3499-2 MOUNTING PLATE

D3499-2 BENDING DETAIL

DART AEROSPACE USA, INC.
PORT HADLOCK, WA

DRAWING NO. **D3499** REV. C
SHEET 2 OF 4

TITLE **CABLE GUARD** SCALE **NTS**

DESIGN	<i>[Signature]</i>
DRAWN	RF
CHECKED	<i>[Signature]</i>
MFG. APPR.	<i>[Signature]</i>
APPROVED	<i>[Signature]</i>
DE APPR.	<i>[Signature]</i>
DATE	09.06.19

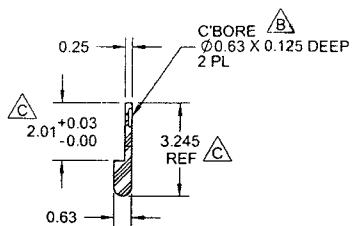
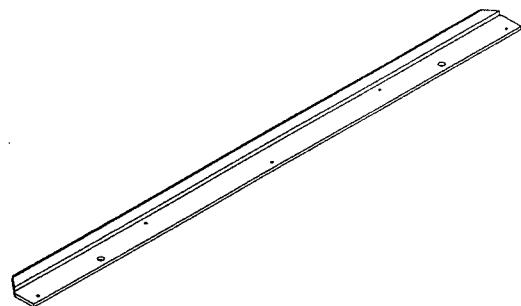
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NOTES:

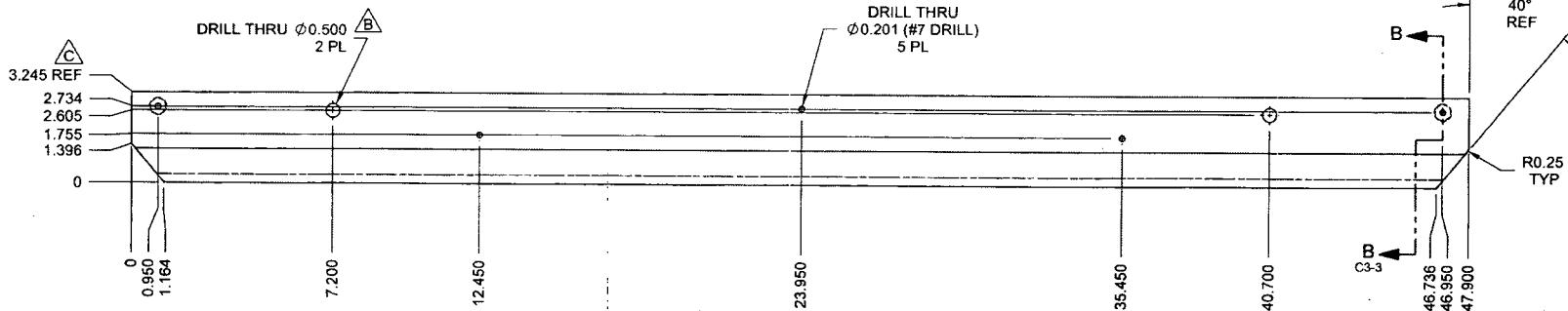
- 1) MATERIAL: 6061-T6 ALUMINUM SHEET 0.125 THICK
PER AMS-QQ-A-250/11 OR AMS 4025 OR AMS 4027 OR ASTM B209
REF. DART SPEC. M6061T6S.125
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
POWDER COAT "WHITE" (4.3.5.2) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 1.81 lbs

8 7 6 5 4 3 2 1 0

RELEASED
R 2010-02-01



SECTION B-B B2-3

D3499-3 CABLE GUARD

NOTES:

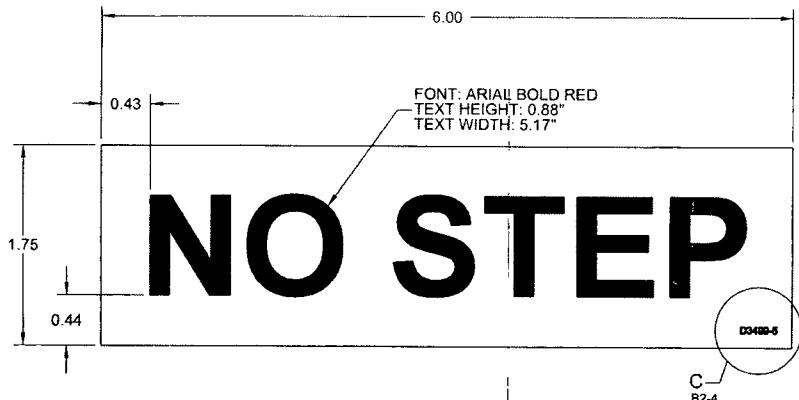
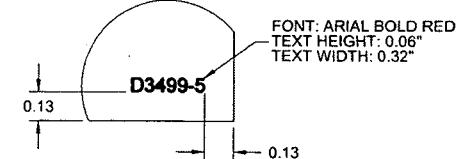
- 1) MATERIAL: UHMW BLACK TIVAR 1000 VIRGIN MATERIAL
REF. MUHMWB
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 2.52 lbs

RELEASED

2010-02-02

DESIGN	<i>b</i>	DART AEROSPACE USA, INC.
DRAWN	RF	PORT HADLOCK, WA
CHECKED	<i>jd</i>	REV. C
MFG. APPR.	<i>jd</i>	DRAWING NO. D3499 SHEET 3 OF 4
APPROVED	<i>jd</i>	TITLE CABLE GUARD SCALE NTS
DE APPR.	<i>jd</i>	DATE 09.06.19

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D3499-5 PLACARDDETAIL C B5-4
SCALE 2X

NOTES:

- 1) MATERIAL: RED LETTERS ON WHITE ADHESIVE BACK VINYL
MANUFACTURED FROM 3M 7 MIL MASKING FILM #8522CP OR
AVERY IPM #2031. SIZE IS 6.00" LONG" x 1.75" WIDE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: N/A

DESIGN	<i>B</i>	DART AEROSPACE USA, INC.	
DRAWN	<i>RF</i>	PORT HADLOCK, WA	
CHECKED	<i>U</i>	DRAWING NO.	REV. C
MFG. APPR.	<i>RF</i>	D3499	SHEET 4 OF 4
APPROVED	<i>RF</i>	TITLE	SCALE
DE APPR.	<i>RF</i>	CABLE GUARD	NTS
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RELEASED
2010-02-03